

1617

Practitioner's Docket No. 1540/140

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gordon, Katherine; Leonard, Robert J.

Application No.: 09/932,821

Group No.: 1617

Filed: 08/17/2001

Examiner: Bahar

For: Novel Formulations for Administering Therapeutic Lipophilic Molecules

RECEIVED  
FEB 04 2002  
TECH CENTER 1600/2900

Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R.-1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- X deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: January 7, 2002

Signature

*Harriet M. Strimpel*

Harriet M. Strimpel

(type or print name of person certifying)

need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|  | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY        |               |
|--|---|-------|---------------------------------------|------------------|---------------------|---------------|
|  | Claims<br>Remaining<br>After<br>Amendment |       | Highest No.<br>Previously<br>Paid For | Present<br>Extra | Rate                | Addit.<br>Fee |
| Total  | 7   | Minus | 25                                    | = 0              | x \$9 =             | \$0           |
| Indep.   | 2   | Minus | 4                                     | = 0              | x \$40 =            | \$0           |
| First Presentation of Multiple Dependent Claim |   |       |                                       |                  | + \$135 =           | \$0           |
|  |   |       |                                       |                  | Total<br>Addit. Fee | \$0           |

No additional fee for claims is required.

#### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 19-4972.  
If any additional fee for claims is required, charge Account No. 19-4972.

Date: January 7, 2002

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